Case 1:17-bk-11616-SDR Doc 1 Filed 04/12/17 Entered 04/12/17 15:18:52 Desc Main Document Page 1 of 47

| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF TENNESSEE | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Austin First name Dale Middle name Byrd Last name and Suffix (Sr., Jr., II, III) | Mary First name Elizabeth Rose Middle name Byrd Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8505 | xxx-xx-8496 |

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Debtor 1 Austin Dale Byrd
Debtor 2 Mary Elizabeth Rose Byrd

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|----|---|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 1916 Mowbray Pike | If Debtor 2 lives at a different address: | | | |
| | | Soddy Daisy, TN 37379 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Hamilton | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, | Check one: Over the last 180 days before filing this petition, I | | | |
| | | I have lived in this district longer than in any other district. | have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

| Deb | Mary Elizabeth Ro | se bylu | | | Case number (if known) | | | | |
|-----------|--|--|---|--|---|--|--|--|--|
| _ | | | | | | | | | |
| Par 7. | The chapter of the | Check one. | (For a brief descrip | | y 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy | | | | |
| | Bankruptcy Code you are choosing to file under | (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | • | ☐ Chapter | | | | | | | |
| | | ☐ Chapter | | | | | | | |
| | | ☐ Chapter | 12 | | | | | | |
| | | Chapter | 13 | | | | | | |
| 8. | How you will pay the fee | about order. | how you may pay. | . Typically, if you are paying the fee | eck with the clerk's office in your local court for more details yourself, you may pay with cash, cashier's check, or mone shalf, your attorney may pay with a credit card or check with | | | | |
| | | | | | tion, sign and attach the Application for Individuals to Pay | | | | |
| | | | • | ments (Official Form 103A). | Charles 7 Pulsas and Charles 7 | | | | |
| | | but is applie | not required to, was to your family siz | aive your fee, and may do so only if y ze and you are unable to pay the fee | ion only if you are filing for Chapter 7. By law, a judge may your income is less than 150% of the official poverty line the in installments). If you choose this option, you must fill out ficial Form 103B) and file it with your petition. | | | | |
| 9. | Have you filed for | ■ No. | | | | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | | | | | | | |
| | | | District | When | Case number | | | | |
| | | | District | When | Case number | | | | |
| | | | District | When | Case number | | | | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | ■ No □ Yes. | | | | | | | |
| | affiliate? | Г | Debtor | | Relationship to you | | | | |
| | | | District | When | Case number, if known | | | | |
| | | | Debtor | | Relationship to you | | | | |
| | | | District | When | Case number, if known | | | | |
| 11. | Do you rent your | ■ No. | Go to line 12. | | | | | | |
| | residence? | ☐ Yes. | Has your landlord | l obtained an eviction judgment again | nst you and do you want to stay in your residence? | | | | |
| | | 55. | No. Go to | , , , | • • | | | | |
| | | | _ | out Initial Statement About an Eviction | n Judgment Against You (Form 101A) and file it with this | | | | |

Debtor 1 Austin Dale Byrd

| | otor 1 Austin Dale Byrd otor 2 Mary Elizabeth Ro | se Byrd | | Case number (if known) | | | | | |
|-----|---|------------------------|---|--|--|--|--|--|--|
| Par | 2. Papart About Any Ru | oinoccoc | Vou Own os a Sala Brans | intor | | | | | |
| | • | 1511163565 | You Own as a Sole Propr | letoi | | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | | | |
| | | ☐ Yes. | es. Name and location of business | | | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if ar | ny | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, S | tate & ZIP Code | | | | | |
| | it to this petition. | | Check the appropriate | box to describe your business: | | | | | |
| | | | ☐ Health Care Bu | siness (as defined in 11 U.S.C. § 101(27A)) | | | | | |
| | | | ☐ Single Asset Re | eal Estate (as defined in 11 U.S.C. § 101(51B)) | | | | | |
| | | | ☐ Stockbroker (as | defined in 11 U.S.C. § 101(53A)) | | | | | |
| | | | ☐ Commodity Bro | ker (as defined in 11 U.S.C. § 101(6)) | | | | | |
| | | | ☐ None of the abo | ove | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline: operation | s. If you indicate that you a | the court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of different income tax return or if any of these documents do not exist, follow the procedure | | | | | |
| | For a definition of small | ■ No. | I am not filing under Ch | apter 11. | | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapte Code. | er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | | | |
| | | ☐ Yes. | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | | | |
| Par | t 4: Report if You Own or | Have Any | / Hazardous Property or A | Any Property That Needs Immediate Attention | | | | | |
| 14. | Do you own or have any | ■ No. | | | | | | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | | | | | | |
| | of imminent and identifiable hazard to | □ 163. | What is the hazard? | | | | | | |
| | public health or safety? | | | | | | | | |
| | Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | Number, Street, City, State & Zip Code | | | | | |
| | | | | Hambor, Ottoet, Oity, State & Zip Gode | | | | | |

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Debtor 1 Austin Dale Byrd
Debtor 2 Mary Elizabeth Rose Byrd
Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| | tor 1 Austin Dale Byrd tor 2 Mary Elizabeth Ro | ose Byrd | | | Case nu | umber (if known) | | | |
|-----|--|---|--|---|-------------------------------|----------------------------------|--|--|--|
| art | 6: Answer These Quest | tions for R | eporting Purposes | | | | | | |
| 6. | What kind of debts do you have? | 16a. | Are your debts primarily consindividual primarily for a person | | | e defined in 11 U.S.C. § | 101(8) as "incurred by an | | |
| | | | | | | | | | |
| | | | ■ Yes. Go to line 17. | | | | | | |
| | | 16b. | Are your debts primarily busi money for a business or investr | | | | | | |
| | | | ☐ No. Go to line 16c. | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. | State the type of debts you owe | State the type of debts you owe that are not consumer debts or business debts | | | | | |
| 7. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7. | Go to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and | ☐ Yes. | I am filing under Chapter 7. Do are paid that funds will be availa | | | | nd administrative expenses | | |
| | administrative expenses are paid that funds will | | □ No | | | | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | | | | |
| 8. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | | □ 25,001-5 | | | |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 | 2 | ☐ 50,001-10 | | | |
| | | ☐ 100-199 ☐ 10,001-25,000 ☐ More that ☐ 200-999 | | | □ More that | 1100,000 | | | |
| 9. | How much do you | □ \$0 - \$ | 550,000 | □ \$1,000,001 - \$ | \$10 million | |),001 - \$1 billion | | |
| | estimate your assets to be worth? | | 01 - \$100,000 | \$10,000,001 - | | | 00,001 - \$10 billion | | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$50,000,001 - □ \$100,000,001 | | | 000,001 - \$50 billion n \$50 billion | | |
| 20. | How much do you | □ \$0 - \$ | 550,000 | □ \$1,000,001 - \$ | \$10 million | □ \$500,000 |),001 - \$1 billion | | |
| | estimate your liabilities to be? | | 001 - \$100,000 | _ ' ' ' | □ \$10,000,001 - \$50 million | | 000,001 - \$10 billion | | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$50,000,001 - □ \$100,000,001 | | | ,000,001 - \$50 billion an \$50 billion | | |
| art | 7: Sign Below | | | | | | | | |
| or | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | | |
| | | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | |
| | | I request | relief in accordance with the cha | apter of title 11, United | States Code, | , specified in this petitio | n. | | |
| | | bankrupt and 357 | | | | | | | |
| | | | tin Dale Byrd Dale Byrd | | | abeth Rose Byrd eth Rose Byrd | | | |
| | | | e of Debtor 1 | | Signature of D | | | | |
| | | Executed | d on April 7, 2017 | 1 | Executed on | April 7, 2017 | | | |
| | | | MM / DD / YYYY | | | MM / DD / YYYY | | | |

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| | Main Document | Page 7 of 47 | |
|---|--|-------------------------|---|
| Debtor 1 Debtor 2 Austin Dale Byrd Mary Elizabeth Ro | | Cas | se number (if known) |
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, United S | States Code, and have e | |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies, ce schedules filed with the petition is incorrect. | | debtor(s) the notice required by 11 U.S.C. § 342(b) vledge after an inquiry that the information in the |
| | /s/ Eron H. Epstein Signature of Attorney for Debtor | Date | April 7, 2017 MM / DD / YYYY |
| | Eron H. Epstein | | |
| | Bankruptcy Affiliates Firm name | | |
| | 713 Cherry Street Chattanooga, TN 37402 Number, Street, City, State & ZIP Code | | |
| | Contact phone 423-267-1512 | Email address | |
| | 007007 Tennessee Bar number & State | | |

| Fil | l in th | nis inform | ation to identify you | r case: | | | | | |
|-------|----------|---------------|-------------------------|-------------------------------|---------|----------------------------------|-------------------|---------------|--------------------|
| De | btor 1 | I | Austin Dale Byr | d | | | | | |
| | | | First Name | Middle Name | | Last Name | | | |
| 1 | btor 2 | | Mary Elizabeth I | | | Loot Name | | | |
| (Sp | ouse if, | illing) | First Name | Middle Name | | Last Name | | | |
| Un | ited S | States Ban | kruptcy Court for the: | EASTERN DISTRICT C |)F TEN | NNESSEE | | | |
| Ca | se nu | ımber | | | | | | | |
| (if k | nown) | | | | | | | ☐ C | heck if this is an |
| | | | | | | | | ar | nended filing |
| | | | | | | | | | |
| Of | ffici | al For | m 107 | | | | | | |
| St | ate | ment | of Financial | Affairs for Indivi | idua | als Filing for B | ankruptcy | , | 4/10 |
| | | | | ible. If two married people | | | <u> </u> | | |
| info | ormat | ion. If mo | ore space is needed, | attach a separate sheet to | | | | | |
| nur | nber | (if known |). Answer every que | stion. | | | | | |
| Pa | rt 1: | Give De | etails About Your Ma | arital Status and Where Yo | ou Liv | ed Before | | | |
| 1. | Wh: | at is vour | current marital statu | ıs? | | | | | |
| •• | •••• | at io your | ourrent maritar state | | | | | | |
| | | Married | | | | | | | |
| | | Not marr | ied | | | | | | |
| 2. | Dur | ing the la | st 3 years, have you | lived anywhere other than | n whe | re you live now? | | | |
| | _ | | | · | | • | | | |
| | | No | | | | | | | |
| | Ц | Yes. List | all of the places you | ived in the last 3 years. Do | not inc | clude where you live nov | V. | | |
| | De | btor 1 Pri | or Address: | Dates Debtor | 1 | Debtor 2 Prior Ac | ldress: | | Dates Debtor 2 |
| | | | | lived there | | | | | lived there |
| 3. | | | | ver live with a spouse or le | | | | | |
| stat | es an | id territorie | es include Arizona, Ca | lifornia, Idaho, Louisiana, N | evada | a, New Mexico, Puerto R | ico, Texas, Wash | ington and Wi | isconsin.) |
| | | No | | | | | | | |
| | | Yes. Mal | ke sure you fill out Sc | hedule H: Your Codebtors (| Officia | l Form 106H). | | | |
| _ | | = | 4 6 64 | | | | | | |
| Pa | rt 2 | Explain | the Sources of You | ir Income | | | | | |
| 4. | Did | you have | any income from er | nployment or from operat | ing a | business during this ye | ear or the two pr | evious calen | dar years? |
| | | | | u received from all jobs and | | | | | • |
| | ir yc | ou are filinç | g a joint case and you | have income that you recei | ive tog | getner, list it only once ur | nder Debtor 1. | | |
| | | No | | | | | | | |
| | | Yes. Fill | in the details. | | | | | | |
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of income | c | Gross income | Sources of inc | come | Gross income |
| | | | | Check all that apply. | (t | pefore deductions and xclusions) | Check all that a | | (before deductions |

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| De | btor 2 | Ma | ry Elizabe | eth Rose B | yrd | | | C | ase number (if | known) | | | |
|-----|-------------------|---|---------------------------|--|----------------------------------|---|-------------------------|---|-------------------------------------|--------------------------------|---|----|--|
| 5. | Did y Inclu | you re | eceive any come regard | other incom dless of whetl fit payments; | e during the her that inco | rental income; inte | amples o erest; divi | of <i>other income</i> ar dends; money col | e alimony; child lected from law | vsuits; royaltie | cial Security, unemployme es; and gambling and lotte | | |
| | | winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. | | | | | | | | | | | |
| | | | ocaroo ana | and groot mo | | don oodroo copare | atory. Do | Tiot morado mooni | o mai you noto | G 117 111 10 11 | | | |
| | | No Yes. | Fill in the de | etails. | | | | | | | | | |
| | | | | | Debtor 1 | | | | Debtor 2 | | | | |
| | | | | | | of income | each (befo | ss income from a source ore deductions and usions) | Sources Describe | of income | Gross income (before deductions and exclusions) | 3 | |
| Pai | rt 3: | List | Certain Pa | ayments You | Made Bef | ore You Filed for | Bankru | ptcy | | | | | |
| 6. | _ | eithe r No. | Neither D | ebtor 1 nor I | Debtor 2 ha | rimarily consume as primarily cons family, or househo | umer de | bts. Consumer de | ebts are defined | d in 11 U.S.C. | . § 101(8) as "incurred by a | λn | |
| | | | During the No. | • | • | d for bankruptcy, d | lid you pa | ay any creditor a t | otal of \$6,425* | or more? | | | |
| | | | □ Yes | paid that co | each creditoreditor. Do reditor. | | nts for do | omestic support of ruptcy case. | bligations, such | n as child sup | and the total amount you port and alimony. Also, do | | |
| | | Yes. | | | | e primarily cons | | | on or after the | date of adjus | unen. | | |
| | | | During the | 90 days befo | ore you filed | d for bankruptcy, d | lid you pa | ay any creditor a t | otal of \$600 or | more? | | | |
| | | | No. | Go to line 7 | 7. | | | | | | | | |
| | | | □ Yes | include pay | ments for o | | | | | | id that creditor. Do not o not include payments to | an | |
| | Cre | ditor' | s Name an | d Address | | Dates of payme | ent | Total amount paid | | • | this payment for | | |
| 7. | of what but alimo | ders in hich ye siness ony. | clude your i | relatives; any fficer, director | general pa r, person in | control, or owner | f any ger of 20% c | neral partners; par or more of their vot | tnerships of wh ting securities; | nich you are a and any mana | n insider? I general partner; corporati aging agent, including one I as child support and | | |
| | | No Yes. | List all payr | nents to an ir | nsider. | | | | | | | | |
| | Insi | | Name and | | | Dates of payme | ent | Total amount | Amount | • | son for this payment | | |
| | | | | | | | | paid | still o | | | | |
| 8. | insid | der? | | • | · | • | | ments or transfe | r any property | on account | of a debt that benefited | an | |
| | • | No | | - | | igned by an inside | 71. | | | | | | |
| | ⊔ Insi | | Name and | nents to an ir Address | isider | Dates of payme | ent | Total amount | Amount | vou Reas | son for this payment | | |
| | | J | | | | | | paid | still | • | de creditor's name | | |

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| | btor 2 Mary Elizabeth Rose Byrd | | | Case number | (if known) | |
|-----|--|--|-------------------|------------------------|--------------------------|---------------------------|
| Par | rt 4: Identify Legal Actions, Repossess | ions, and Foreclos | ures | | | |
| 9. | Within 1 year before you filed for bankru List all such matters, including personal injumodifications, and contract disputes. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the o | ase Court | or agency | Status of th | e case |
| 10. | Within 1 year before you filed for bankru Check all that apply and fill in the details be | | ur property repo | ossessed, foreclosed | l, garnished, attached | d, seized, or levied? |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the P | | | Date | Value of the property |
| 11. | Within 90 days before you filed for bank accounts or refuse to make a payment b | | | bank or financial ins | stitution, set off any a | amounts from your |
| | Yes. Fill in the details. | | | | | |
| | Creditor Name and Address | Describe the a | ction the credito | r took | Date action was taken | Amount |
| | Within 1 year before you filed for bankru court-appointed receiver, a custodian, o No Yes | r another official? | ur property in th | ne possession of an a | assignee for the bend | efit of creditors, a |
| | rt 5: List Certain Gifts and Contribution | | | | | |
| 13. | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift. | ruptcy, did you give | any gifts with a | total value of more t | han \$600 per person | ? |
| | Gifts with a total value of more than \$60 per person | Describe | the gifts | | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | l | | | | |
| 14. | Within 2 years before you filed for banks No | | any gifts or con | tributions with a tota | Il value of more than | \$600 to any charity? |
| | Yes. Fill in the details for each gift or of Gifts or contributions to charities that is more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | total Describe | what you contrik | outed | Dates you contributed | Value |
| Par | rt 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | ıptcy or since you f | led for bankrupt | cy, did you lose anyt | thing because of the | t, fire, other disaster |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and how the loss occurred | Describe any insu Include the amount insurance claims or | that insurance ha | as paid. List pending | Date of your loss | Value of property lost |

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Debtor 1 Austin Dale Byrd
Debtor 2 Mary Elizabeth Rose Byrd

Case number (if known)

| Pai | t 7: List Certain Payments or Transfers | | | | | | |
|-----|--|---|--------------------------------------|-----------------|--|-------------------------------|--|
| 16. | Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepainclude any attorneys, bankruptcy petition prepa | aring a bankruptcy pet | ition? | | | rty to anyone you | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and v transferred | alue of any prope | erty | Date payment or transfer was made | Amount of payment | |
| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors. Do not include any payment or transfer that you | s or to make payments | | | r transfer any prope | rty to anyone who | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address | Description and v transferred | alue of any prope | erty | Date payment or transfer was made | Amount of payment | |
| 18. | Within 2 years before you filed for bankruptor transferred in the ordinary course of your but include both outright transfers and transfers mad include gifts and transfers that you have already No Yes. Fill in the details. | siness or financial affa de as security (such as t | i irs? he granting of a se | | | | |
| | Person Who Received Transfer Address | Description and v property transfer | | | any property or received or debts change | Date transfer was made | |
| 19. | Person's relationship to you Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-protesset No □ Yes. Fill in the details. | | y property to a se | elf-settled tru | ıst or similar device | of which you are a | |
| | Name of trust | Description and v | alue of the prope | erty transferr | ed | Date Transfer was made | |
| | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ No | , were any financial ac | counts or instrun | nents held in | | | |
| | Yes. Fill in the details. Name of Financial Institution and | Last 4 digits of | Type of accoun | tor Da | te account was | Last balance | |
| | | account number | instrument | clo mo | esed, sold, eved, or nsferred | before closing or transfer | |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ear before you filed for | bankruptcy, any | safe deposit | t box or other depos | itory for securities, | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number Street City Street and 7/B Code) Address (Number Street City Stree | | | | | | |

State and ZIP Code)

Debtor 1 Austin Dale Byrd
Debtor 2 Mary Elizabeth Rose Byrd

Case number (if known)

| 22. | Have you stored property in a storage unit or pla | ce other than your home within 1 | year before you filed for bankruptcy? | • |
|--------|--|---|--|-----------------------|
| | ■ No | | | |
| | Yes. Fill in the details. | | | _ |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| Par | 9: Identify Property You Hold or Control for S | omeone Else | | |
| 23. | Do you hold or control any property that someor for someone. | ne else owns? Include any proper | ty you borrowed from, are storing for | , or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| Par | 10: Give Details About Environmental Information | tion | | |
| For | he purpose of Part 10, the following definitions a | ipply: | | |
| | Environmental law means any federal, state, or le toxic substances, wastes, or material into the air regulations controlling the cleanup of these sub- | r, land, soil, surface water, ground stances, wastes, or material. | dwater, or other medium, including sta | atutes or |
| _ | Site means any location, facility, or property as on to own, operate, or utilize it, including disposal s | - | law, whether you now own, operate, c | or utilize it or used |
| | <i>Hazardous material</i> means anything an environn hazardous material, pollutant, contaminant, or si | | s waste, hazardous substance, toxic s | ubstance, |
| Rep | ort all notices, releases, and proceedings that you | u know about, regardless of wher | n they occurred. | |
| 24. | Has any governmental unit notified you that you | may be liable or potentially liable | under or in violation of an environme | ental law? |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any r | elease of hazardous material? | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or administ | trative proceeding under any envi | ronmental law? Include settlements a | nd orders. |
| | ■ No □ Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Par | 11: Give Details About Your Business or Conn | ections to Any Business | | |
| 27. | Within 4 years before you filed for bankruptcy, d | id you own a business or have an | y of the following connections to any | business? |
| | ☐ A sole proprietor or self-employed in a tr | ade, profession, or other activity, | either full-time or part-time | |
| | ☐ A member of a limited liability company (| (LLC) or limited liability partnersh | ip (LLP) | |
| Offici | I Form 107 Statement of | Financial Affairs for Individuals Filing | for Bankruptov | anea |

Case 1:17-bk-11616-SDR Doc 1 Filed 04/12/17 Entered 04/12/17 15:18:52 Page 13 of 47 Main Document **Austin Dale Byrd** Debtor 1 Debtor 2 Mary Elizabeth Rose Byrd Case number (if known) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Austin Dale Byrd /s/ Mary Elizabeth Rose Byrd **Austin Dale Byrd** Mary Elizabeth Rose Byrd Signature of Debtor 1 Signature of Debtor 2 Date April 7, 2017 Date April 7, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--------------------------|--------------------|--------------|---|-------------------------------|
| Debtor 1 | Austin Dale Byrd | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Mary Elizabeth R | ose Byrd | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | - | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | OF TENNESSEE | | |
| Case number _ | | | | | |
| (if known) | | | | | Check if this i amended filin |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as Value o | ssets of what you own |
|-----|--|--------------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 74,300.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 25,591.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 99,891.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 20,616.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 41,238.38 |
| | Your total liabilities | \$ | 61,854.38 |
| Paı | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,355.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,455.00 |
| Paı | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | nedules. |
| | ■ Yes | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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| Deptor | Mary Elizabeth Rose Byrd | Case number (if known) | |
|--------|---|------------------------|----------------|
| | om the Statement of Your Current Monthly Income: Co 2A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 | , , | \$ 2,593.45 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Austin Dale Byrd

| | Tota | al claim |
|--|------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 34,184.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 34,184.00 |

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| | | | M | ain D | ocument | Page 16 of 47 | | | |
|----------|--------------------------|-------------------------------------|-------------------------|------------|---------------------|--|-----------------------|------------|---|
| Filli | in this informa | ation to identify | your case and th | is filinç | g: | | | | |
| Deb | tor 1 | Austin Dale | Byrd | | | | | | |
| | | First Name | | Name | | Last Name | | | |
| | tor 2 use, if filing) | Mary Elizabe | eth Rose Byrd Middle | Name | | Last Name | | | |
| Unite | ed States Bank | cruptcy Court for | the: EASTERN | DISTRI | ICT OF TENNE | ESSEE | | | |
| | | | | | | | | | |
| Cas | e number | | | | | - | | I | Check if this is an amended filing |
| | | | | | | | | | 3 |
| Off | icial Forr | m 106A/E | 3 | | | | | | |
| _ | | A/B: Pi | _ | | | | | | 12/15 |
| | | | <u> </u> | an asset | t only once. If a | n asset fits in more than one | category, list the a | sset in tl | |
| | | | | | | are filing together, both are estop of any additional pages, | | | |
| | er every question | | attaon a separate si | 1001 10 11 | | top of any additional pages, | write your name a | na casc | number (ii known). |
| Part | 1: Describe Ea | nch Residence, B | uilding, Land, or Ot | her Real | I Estate You Ow | n or Have an Interest In | | | |
| <u> </u> | | | | | | | | | |
| . Do | you own or nav | ve any legal or eq | juitable interest in a | ny resia | ience, building, | land, or similar property? | | | |
| | No. Go to Part 2 | | | | | | | | |
| | Yes. Where is the | he property? | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1.1 | | | | What | t is the property | ? Check all that apply | | | |
| | 1916 Mowbi | ray Pike available, or other des | ecription | | Single-family h | | | | ns or exemptions. Put claims on Schedule D: |
| | Street address, if a | avallable, of other des | scription | | Duplex or mult | = | | | s Secured by Property. |
| | | | | | Condominium | or cooperative | | | |
| | | | | | Manufactured | or mobile home | Current value of | he | Current value of the |
| | Soddy Dais | y TN | 37379-0000 | | Land | | entire property? | | portion you own? |
| | City | State | ZIP Code | | Investment pro | pperty | \$74,300 | 0.00 | \$74,300.00 |
| | | | | 片 | | | | | ur ownership interest ncy by the entireties, o |
| | | | | Who | | in the property? Check one | a life estate), if ki | | icy by the entireties, of |
| | | | | | Debtor 1 only | | Tenancy by t | ne enti | reties |
| | Hamilton | | | | Debtor 2 only | | | | |
| | County | | | | Debtor 1 and D | Debtor 2 only | ☐ Check if this | is comn | nunity property |
| | | | | | 7 11 10 dot 0110 01 | the debtors and another | (see instruction | | 31.41.5 |
| | | | | | = | ou wish to add about this item | , such as local | | |
| | | | | prope | erty identification | on number: | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 | Add the dollar | value of the po | ortion you own fo | r all of | your entries fi | rom Part 1, including any | entries for | | |
| | | | | | | | | | \$74,300.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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| Debto Debto | | lustin Dale E lary Elizabe | Byrd th Rose Byrd | | Case number (if known) | |
|----------------|-----------------|--------------------------------|-----------------------|--|---------------------------------------|---|
| . Ca | | trucks, tracto | ors, sport utility ve | hicles, motorcycles | | |
| | Yes | | | | | |
| 3.1 | Make: | Kia Soul | | Who has an interest in the property? Check one | the amount of any secu | claims or exemptions. Put ured claims on <i>Schedule D:</i> |
| | Model: Year: | 2014 | | ☐ Debtor 1 only ☐ Debtor 2 only | | Current value of the |
| | | nate mileage: | 41,000 | Debtor 1 and Debtor 2 only | Current value of the entire property? | portion you own? |
| | Other inf | ormation: | | At least one of the debtors and another | | |
| | | | | ☐ Check if this is community property (see instructions) | \$19,716.00 | \$19,716.0 |
| 3.2 | Make: | Dodge | | Who has an interest in the property? Check one | | claims or exemptions. Put ured claims on Schedule D: |
| | Model: | Stratus | | Debtor 1 only | | laims Secured by Property. |
| | Year: | 2002 nate mileage: | 145700 | Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | | ormation: | 143700 | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property: | portion you own: |
| | | | | ☐ Check if this is community property (see instructions) | \$250.00 | \$250.00 |
| | | | | n for all of your entries from Part 2, including | | \$19,966.00 |
| art 3 | Descri | be Your Persor | nal and Household Ite | ems | | |
| о у | ou own o | or have any le | gal or equitable in | terest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| E | | goods and fu Major appliand | | china, kitchenware | | |
| | Yes. De | scribe | | | | |
| | | | Household Goo | ds | | \$2,500.0 |
| | | | Outside Storage | e Shed | | \$1,000.0 |
| E | No | Televisions an | | eo, stereo, and digital equipment; computers, pr ledia players, games | inters, scanners; music collec | ctions; electronic devices |
| | | | Electronics | | | \$500.0 |

Official Form 106A/B

Schedule A/B: Property

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| | ebtor 1 Austin D ebtor 2 Mary Eliz | | se Byrd | | | | Case numbe | er (if known) | |
|-----|---|---------------|-----------------------------------|-----------------|--|--------------------|----------------------|---------------|---|
| 8. | | and figurin | ies; paintings, emorabilia, co | | ner artwork; boo | ks, pictures, or o | other art objects; s | tamp, coin, | or baseball card collections; |
| | ■ No □ Yes. Describe | | | | | | | | |
| 9. | | | c, exercise, ar | nd other hobl | by equipment; b | icycles, pool tab | bles, golf clubs, sk | is; canoes a | and kayaks; carpentry tools; |
| | ■ No □ Yes. Describe | | | | | | | | |
| 10. | Firearms Examples: Pistols, ■ No | rifles, shot | guns, ammuni | ition, and rela | ated equipment | | | | |
| | ☐ Yes. Describe | | | | | | | | |
| | Clothes Examples: Everyda □ No ■ Yes. Describe | | furs, leather co | oats, designe | er wear, shoes, | accessories | | | |
| | | | | | | | | _ | \$500.00 |
| | | Clot | thing | | | | | | \$500.00 |
| | Examples: Everyda ■ No □ Yes. Describe | | costume jewel | Iry, engagem | nent rings, wedd | ling rings, heirlo | om jewelry, watch | es, gems, g | old, silver |
| 13. | Non-farm animals Examples: Dogs, c ■ No | ats, birds, h | norses | | | | | | |
| | ☐ Yes. Describe | | | | | | | | |
| 14. | Any other persona | l and hous | sehold items | you did not | already list, in | cluding any he | ealth aids you did | not list | |
| | ☐ Yes. Give specifi | c information | on | | | | | | |
| 15 | 5. Add the dollar va for Part 3. Write t | | - | | | | ages you have at | tached | \$4,500.00 |
| Pa | art 4: Describe Your F | inancial As: | sets | | | | | | |
| Do | o you own or have a | ny legal o | r equitable in | terest in any | y of the followi | ng? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Cash Examples: Money y No □ Yes | | | | | sit box, and on h | hand when you file | your petition | on |
| | institutio | ng, savings | | | ts; certificates of th the same insti | | | brokerage h | nouses, and other similar |
| | □ No ■ Yes | | | | Institution na | ame: | | | |
| | | | 1 Checkin | na | TN Valley | Federal Cred | lit Union | | \$1,100.00 |

Official Form 106A/B Schedule A/B: Property page 3

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| Debtor 2 | | | Case number (if known) | |
|--------------------|--|--|--|---|
| | 17 | 7.2. Savings | TN Valley Federal Credit Union | \$25.0 |
| | ds, mutual funds, or pu mples: Bond funds, inve | | orokerage firms, money market accounts | |
| ■ No □ Ye | S | Institution or issue | er name: | |
| join | t venture | and interests in incorp | porated and unincorporated businesses, including an interes | t in an LLC, partnership, an |
| ■ No | s. Give specific informa | ation about them Name of entity: | | |
| Neg Non ■ No | otiable instruments inclu- negotiable instruments | ude personal checks, ca are those you cannot to | gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. ransfer to someone by signing or delivering them. | |
| 21. Retir | rement or pension accomples: Interests in IRA, | Issuer name: | 403(b), thrift savings accounts, or other pension or profit-sharing | plans |
| | s. List each account sep | parately. ype of account: | Institution name: | |
| You Exa | mples: Agreements with | posits you have made s | so that you may continue service or use from a company t, public utilities (electric, gas, water), telecommunications compan | ies, or others |
| ■ No □ Ye | S | | Institution name or individual: | |
| 23. Ann | ` . | periodic payment of mor | ney to you, either for life or for a number of years) | |
| | | name and description. | | |
| | S.C. §§ 530(b)(1), 529A | | qualified ABLE program, or under a qualified state tuition pro | gram. |
| | | ion name and description | on. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| ■ No | - | | other than anything listed in line 1), and rights or powers exe | rcisable for your benefit |
| 26. Pate | nts, copyrights, traden | narks, trade secrets, a | and other intellectual property eds from royalties and licensing agreements | |
| ■ No | s. Give specific informa | ation about them | | |
| Exa. ■ No | | exclusive licenses, coo | oles operative association holdings, liquor licenses, professional license | es |
| | s. Give specific informa | | | Current value of the |
| money (| property office to yo | · · · | | portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

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| | | | Main Document Fa | aye 20 01 47 | |
|-------|--------------------|---|--------------------------------------|--|-------------------------------|
| | ebtor 1 ebtor 2 | Austin Dale Byrd Mary Elizabeth Rose Byrd | | Case number (if known) | |
| 28. | Tax ref | funds owed to you | | | |
| | ■ No | | | | |
| | ⊔ Yes. | Give specific information about them, in | icluding whether you already filed | the returns and the tax years | |
| 29. | | support | | | |
| | Examp ■ No | oles: Past due or lump sum alimony, spo | busal support, child support, main | itenance, divorce settlement, property s | settlement |
| | | Give specific information | | | |
| | | | | | |
| 30. | Exam _l | amounts someone owes you bles: Unpaid wages, disability insurance benefits; unpaid loans you made to | | k pay, vacation pay, workers' compens | sation, Social Security |
| | ■ No □ Yes. | Give specific information | | | |
| 31. | Interes | ets in insurance policies | | | |
| | | oles: Health, disability, or life insurance; | health savings account (HSA); ci | redit, homeowner's, or renter's insuranc | ce |
| | ☐ Yes. | Name the insurance company of each p | policy and list its value. | Described and | Ourse des en es ford |
| | | Company name: | | Beneficiary: | Surrender or refund value: |
| 32. | If you a | terest in property that is due you from are the beneficiary of a living trust, expe one has died. | | policy, or are currently entitled to recei | ve property because |
| | ■ No | | | | |
| | ☐ Yes. | Give specific information | | | |
| 33. | | against third parties, whether or not ples: Accidents, employment disputes, ir | | de a demand for payment | |
| | _ | Describe each claim | | | |
| 34 | Other o | contingent and unliquidated claims of | f every nature including count | erclaims of the debtor and rights to | set off claims |
| · · · | ■ No | onangoni ana annquiadasa sianno si | overy nature, mercaning count | or order or the debter and righte to | oot on olamo |
| | ☐ Yes. | Describe each claim | | | |
| 35. | Any fin | nancial assets you did not already list | | | |
| | ■ No | | | | |
| | ⊔ Yes. | Give specific information | | | |
| 36 | | the dollar value of all of your entries for the dollar value of all of your entries for the dollar that number here | | . • . | \$1,125.00 |
| Pa | rt 5: De | scribe Any Business-Related Property You | ı Own or Have an Interest In. List a | ny real estate in Part 1. | |
| 37. | Do you | own or have any legal or equitable interest | in any business-related property? | | |
| _ | _ | to Part 6. | | | |
| I | Yes. G | Go to line 38. | | | |
| | | | | | |
| Pa | | scribe Any Farm- and Commercial Fishing ou own or have an interest in farmland, list it i | | e an Interest In. | |
| 46. | Do you | ı own or have any legal or equitable i | nterest in any farm- or commer | cial fishing-related property? | |
| | ■ No. | Go to Part 7. | | | |
| | ☐ Yes | . Go to line 47. | | | |
| | | _ | | | |

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

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| Debt Debt | ··· · · · · · · · · · · · · · · · · · | | Case number (if known) | |
|--------------|--|----------------|---------------------------|------------------------|
| | | | - | |
| | Do you have other property of any kind you did not already list Examples: Season tickets, country club membership | ? | | |
| | No | | | |
| | Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write th | at number here | | \$0.00 |
| Part | 8: List the Totals of Each Part of this Form | | _ | |
| 55. | Part 1: Total real estate, line 2 | | | \$74,300.00 |
| 56. | Part 2: Total vehicles, line 5 | \$19,966.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$4,500.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$1,125.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$25,591.00 | Copy personal property to | tal \$25,591.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$99,891.00 |

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-------------|--|
| Debtor 1 | Austin Dale Byrd | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Mary Elizabeth R | ose Byrd | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F TENNESSEE | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identif | y the | Property | / You | Claim | as | Exempt | t |
|-----------------|-------|----------|-------|-------|----|--------|---|
|-----------------|-------|----------|-------|-------|----|--------|---|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
|--|---|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 1916 Mowbray Pike Soddy Daisy, TN 37379 Hamilton County | \$74,300.00 | | \$7,500.00 | Tenn. Code Ann. § 26-2-301 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2014 Kia Soul 41,000 miles Line from Schedule A/B: 3.1 | \$19,716.00 | | \$0.00 | Tenn. Code Ann. § 26-2-103 |
| Ellie Holli Gonedale Av.B. G. 1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2002 Dodge Stratus 145700 miles | \$250.00 | | \$250.00 | Tenn. Code Ann. § 26-2-103 |
| Ellio Hotti Goveaule 772. | | | 100% of fair market value, up to any applicable statutory limit | |
| Household Goods Line from Schedule A/B: 6.1 | \$2,500.00 | | \$2,500.00 | Tenn. Code Ann. § 26-2-103 |
| Line IIom Schedule A/B. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Outside Storage Shed Line from Schedule A/B: 6.2 | \$1,000.00 | | \$1,000.00 | Tenn. Code Ann. § 26-2-103 |
| Line nom Schedule A/D. V.Z | | | 100% of fair market value, up to any applicable statutory limit | |

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Mary Elizabeth Rose Byrd Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Electronics** Tenn. Code Ann. § 26-2-103 \$500.00 \$500.00 Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit Clothing Tenn. Code Ann. § 26-2-104 \$500.00 \$500.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit **Checking: TN Valley Federal Credit** Tenn. Code Ann. § 26-2-103 \$1,100.00 \$1,100.00 Union Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Savings: TN Valley Federal Credit Tenn. Code Ann. § 26-2-103 \$25.00 \$25.00 Union Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

Austin Dale Byrd

Debtor 1

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| | Main Document | Page 24 01 47 | | |
|---|---|------------------------------|--|--------------------------|
| Fill in this information to identify | y your case: | | | |
| Debtor 1 Austin Dale | Byrd | | | |
| First Name | | Name | - | |
| | eth Rose Byrd | | _ | |
| (Spouse if, filing) First Name | Middle Name Last | Name | | |
| United States Bankruptcy Court fo | r the: EASTERN DISTRICT OF TENNESS | SEE | _ | |
| Case number | | | | |
| (if known) | | | ☐ Check | if this is an |
| | | | amend | ded filing |
| Official Farms 400D | | | | |
| Official Form 106D | | | | |
| Schedule D: Credite | ors Who Have Claims Sec | cured by Propert | :y | 12/15 |
| | ible. If two married people are filing together, bo fill it out, number the entries, and attach it to this | | | |
| 1. Do any creditors have claims secu | red by your property? | | | |
| \square No. Check this box and sub | mit this form to the court with your other sche | dules. You have nothing else | to report on this form. | |
| Yes. Fill in all of the information | ation below. | | | |
| Part 1: List All Secured Claim | | | | |
| | has more than one secured claim, list the creditor s | Column A | Column B | Column C |
| for each claim. If more than one credite | or has a particular claim, list the other creditors in Panabetical order according to the creditor's name. | | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Bridgecrest Credit | Describe the property that secures the cla | * | \$19,716.00 | \$0.00 |
| Creditor's Name | 2014 Kia Soul 41,000 miles | | | |
| Attn: Bankruptcy | | | | |
| Department PO Box 7300 | As of the date you file, the claim is: Check | all that | | |
| 7300 E Hampton Ave | apply. ☐ Contingent | | | |
| Mesa, AZ 85209 | Contingent | | | |
| Number, Street, City, State & Zip Code | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgate) | age or secured | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | s's lien) | | |
| At least one of the debtors and another | – | | | |
| ☐ Check if this claim relates to a community debt | ☐ Other (including a right to offset) | | | |
| • | | | | |
| Date debt was incurred 1/27/17 | Last 4 digits of account number | 2401 | | |
| Doddada Hama | | | | |
| 2.2 Buddy's Home Furnishings | Describe the property that secures the cla | aim: \$900.00 | \$750.00 | \$150.00 |
| Creditor's Name | 2017 Kenmore 6.5 CF | | | |
| | Dryer | | | |
| 9332 Dayton Pike | As of the date you file, the claim is: Check | all that | | |
| #100 | apply. | all triat | | |
| Soddy Daisy, TN 37379 | Contingent | | | |
| Number, Street, City, State & Zip Code | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortga | age or secured | | |
| Debtor 2 only | car loan) | -g- 5. 5554.54 | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | s's lien) | | |
| ☐ At least one of the debtors and another | ther Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| | | | | |

Date debt was incurred _______ Last 4 digits of account number _______4313

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| Debtor 1 | Austin Dale | Byrd | | Case number (if know) | |
|----------|--------------------|------------------------------|------------------------------------|-----------------------|-------------------------|
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Mary Elizab | eth Rose Byrd | | | |
| | First Name | Middle Name | Last Name | | |
| | | | | | |
| | | | | | |
| Add the | dollar value of v | our entries in Column A on | this page. Write that number here: | \$20,616.0 | $\overline{\mathbf{o}}$ |
| | • | your form, add the dollar va | . • | Ψ20,010.0 | " |
| | trie last page of | your rorm, and the donar va | ilue totais iroini aii pages. | \$20,616.0 | 0 |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | Main Document Page 26 of 47 | |
|---|---|--|--|
| Fill in this info | ormation to identify your case: | | |
| Debtor 1 | Austin Dale Byrd | | |
| 20010. | | fliddle Name Last Name | |
| Debtor 2 | Mary Elizabeth Rose By | | |
| (Spouse if, filing) | First Name N | fliddle Name Last Name | |
| United States | Bankruptcy Court for the: EAST | ERN DISTRICT OF TENNESSEE | |
| Case number (if known) | | | ☐ Check if this is an amended filing |
| | rm 106E/F E/F: Creditors Who H | ave Unsecured Claims | 12/15 |
| any executory or Schedule G: Exe Schedule D: Cre left. Attach the C name and case i | ontracts or unexpired leases that cou ecutory Contracts and Unexpired Lea ditors Who Have Claims Secured by Continuation Page to this page. If you number (if known). | for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims and Part 2 for creditors with NONPRIORITY claims and Part 2 for creditors with Partially Propesses (Official Form 106G). Do not include any creditors with partially secu Property. If more space is needed, copy the Part you need, fill it out, num have no information to report in a Part, do not file that Part. On the top o | erty (Official Form 106A/B) and on red claims that are listed in ber the entries in the boxes on the |
| | : All of Your PRIORITY Unsecured ditors have priority unsecured claims | | |
| No. Go to | • • | against you: | |
| | o Part 2. | | |
| ☐ Yes. | : All of Your NONPRIORITY Unse | 101 | |
| Yes. 4. List all of younsecured of | our nonpriority unsecured claims in t | he alphabetical order of the creditor who holds each claim. If a creditor had not claim. For each claim listed, identify what type of claim it is. Do not list claims her creditors in Part 3.If you have more than three nonpriority unsecured claims. | already included in Part 1. If more |
| Part 2. | cultor riolus a particular ciaim, list the oti | ier creditors in Part 3.11 you have more than three non-phonty unsecured claims | s iiii out the Continuation Fage of |
| | | | Total claim |
| | nce America | Last 4 digits of account number | \$411.76 |
| Attn: 5425 | ority Creditor's Name Bankruptcy Dept. Hwy 153 on, TN 37343 | When was the debt incurred? | |
| Numbe | r Street City State Zlp Code curred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ☐ Deb | otor 1 only | ☐ Contingent | |
| ☐ Deb | otor 2 only | ☐ Unliquidated | |
| ■ Deb | otor 1 and Debtor 2 only | □ Disputed | |
| ☐ At le | east one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Che | eck if this claim is for a community | ☐ Student loans | |
| debt Is the o | claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that yo report as priority claims | ou did not |
| ■ No | - | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | | ■ Other. Specify | |

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| | 1 Austin Dale Byrd 2 Mary Elizabeth Rose Byrd | Case number (if know) | |
|-----|--|---|------------|
| 4.2 | Advance Financial 24/7 | Last 4 digits of account number | \$1,338.17 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept. 100 Oceanside Drive | When was the debt incurred? | Ţ i,jou |
| | Nashville, TN 37204 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| 4.3 | Capitalone | Last 4 digits of account number 9414 | \$487.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept. 15000 Capital One Dr. Henrico, VA 23238 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.4 | ComenityCapital/GMStop | Last 4 digits of account number | \$500.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 182120 | When was the debt incurred? | |
| | Columbus, OH 43218 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |

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| | 1 Austin Dale Byrd 2 Mary Elizabeth Rose Byrd | Case number (if know) | |
|-----|--|--|-------------|
| 4.5 | Dept of Education/NELN | Various Last 4 digits of account number Accounts | \$13,406.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept. 121 S. 13th Street | When was the debt incurred? | |
| | Lincoln, NE 68508-1904 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | □ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | Other. Specify | |
| 4.6 | Dish Network | Last 4 digits of account number 0869 | \$11.00 |
| | Nonpriority Creditor's Name c/o Stellar Recovery, Inc. 4500 Salisbury Rd, Ste. 10 Jacksonville, FL 32216 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.7 | Hamilton County Property Taxes Nonpriority Creditor's Name | Last 4 digits of account number | \$519.89 |
| | Attn: Bankruptcy Department 625 Georgia Avenue Room 210 | When was the debt incurred? 2016 | |
| | Chattanooga, TN 37402-1494 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other Specify | |

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| | or 1 Austin Dale Byrd Mary Elizabeth Rose Byrd | Case number (if know) | |
|-----|---|---|------------|
| 4.8 | Medical Debt | Last 4 digits of account number 4697 | \$136.00 |
| | Nonpriority Creditor's Name c/o Online Collections Attn: Bankruptcy Dept. P.O. Box 1489 Winterville, NC 28590 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.9 | Soddy Daisy Smiles Nonpriority Creditor's Name | Last 4 digits of account number 0317 | \$1,699.49 |
| | c/o Financial Recovery | When was the debt incurred? | |
| | Organization | | |
| | Attn: Bankruptcy Dept. P.O. Box 2203 | | |
| | Cleveland, TN 37320 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 | T.M. 1.11. 110.4. 1 | 0050 | 4000.07 |
| 0 | T-Mobile USA, Inc. Nonpriority Creditor's Name | Last 4 digits of account number 3950 | \$239.97 |
| | c/o ERC | When was the debt incurred? | |
| | Attn: Bankruptcy Department P.O. Box 1259, Dept. 98696 Oaks, PA 19456 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | _ | |
| | □ 168 | Other. Specify | |

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| | 1 Austin Dale Byrd 2 Mary Elizabeth Rose Byrd | | Case number (if know) | |
|-----|--|--|--|-------------|
| 4.1 | University of Phoenix | Last 4 digits of account number | 9282 | \$849.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept 4615 E. Elwood Street., FI 3 | When was the debt incurred? | | |
| | Phoenix, AZ 85040-1958 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.1 | US Dept of ED/GSL/ATL | Last 4 digits of account number | Various Accounts | \$20,778.00 |
| | Nonpriority Creditor's Name ATTN: Bankruptcy Dept. PO Box 530308 Atlanta, GA 30353-0308 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.1 | Verizon Wireless Nonpriority Creditor's Name | Last 4 digits of account number | 0001 | \$1.00 |
| | Attn: Bankruptcy Administration 500 Technology Drive | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | Пол | | |
| | Debtor 2 only | ☐ Contingent | | |
| | Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | |
| | ■ Debtor 1 and Debtor 2 only ■ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | | Student loans | | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | in the second of | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other, Specify | | |

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| Mary Elizabeth Rose Byrd | Case number (if know) | |
|--|--|-------|
| Verizon Wireless | Last 4 digits of account number 5433 | \$861 |
| Nonpriority Creditor's Name | | |
| c/o Convergent Outsourcing | When was the debt incurred? | |
| ATTN: Bankruptcy Dept. | | |
| PO Box 9004 | | |
| Renton, WA 98057-9004 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | The state of the s | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | 7 | Total Claim |
|--------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 34,184.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 7,054.38 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 41,238.38 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Fill in this infor | mation to identify your | case: | ., | |
|------------------------|--------------------------|--------------------|-------------|--|
| Debtor 1 | Austin Dale Byrd | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Mary Elizabeth R | ose Byrd | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F TENNESSEE | |
| Case number (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have the r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | Olate | Zii Oodc | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.5 | · | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |

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| | | Main L | ocument Page 33 of | 47 |
|----------------|---------------------------|--|--------------------------------------|---|
| Fill in thi | s information to ider | ntify your case: | | |
| Debtor 1 | Auctin D | ala Durd | | |
| Debiori | Austin D First Name | Middle Name | Last Name | |
| Debtor 2 | Mary Eliz | zabeth Rose Byrd | | |
| (Spouse if, fi | | Middle Name | Last Name | |
| United St | ates Bankruptcy Cour | t for the: FASTERN DIST | RICT OF TENNESSEE | |
| Office Of | ates bankruptey cour | tioruic. Exoremy biori | TOT OF PERMISORE | |
| Case nun | mber | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Officia | al Form 106H | J | | |
| | | | | |
| Sche | dule H: You | r Codebtors | | 12/15 |
| | | | | |
| our nam | e and case number (| (if known). Answer every qu | | s page. On the top of any Additional Pages, write |
| 1. DC | you have any code | btors (ii you are iiiing a joini | case, do not list either spouse as a | codebior. |
| ■ No | | | | |
| □ Ye | es | | | |
| Arizo | ona, California, Idaho, | | ico, Puerto Rico, Texas, Washingto | Community property states and territories include n, and Wisconsin.) |
| in lin Form | ie 2 again as a codel | otor only if that person is a g F (Official Form 106E/F), or ebtor | guarantor or cosigner. Make sure | our spouse is filing with you. List the person shown you have listed the creditor on Schedule D (Official Use Schedule D, Schedule E/F, or Schedule G to fill Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| | rame, ramber, earest, eng | , otato ana En Oodo | | Check all schedules that apply. |
| 3.1 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | Number Street | | | |
| | City | State | ZIP Code | |
| | | | | |
| 3.2 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | Number Street | | | |
| | City | State | ZIP Code | |

| | | | | | | | • | | | |
|--------------------|--|--|---|-------------------------------|--------------------|----------------|--|----------------------|---------------------------------|-----------------|
| | in this information to identify your | | | | | | | | | |
| Del | otor 1 Austin Dal | e Byrd | | | | _ | | | | |
| | otor 2 Mary Eliza | beth Rose Byrd | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | ne: EASTERN DISTRICT | OF TEN | INESSEE | | | | | | |
| | se number | | - | | | | | ed filing ent sho | wing postpetition | |
| 0 | fficial Form 106I | | | | | | MM / DD/ | | · · | |
| S | chedule I: Your Inc | come | | | | | IVIIVI / DD/ | | | 12/15 |
| sup spo atta | as complete and accurate as popularing correct information. If you are separated and you have a separated and you have a separate sheet to this form the complex of the com | ou are married and not fili our spouse is not filing w n. On the top of any additi | ng jointl ith you, | y, and your s do not inclu | spouse de infor | is liv mati | ing with you, inc | lude inf ouse. If | ormation about more space is | your needed, |
| 1. | Fill in your employment information. | | Debto | or 1 | | | Debtor | 2 or no | n-filing spouse | |
| | If you have more than one job, attach a separate page with | Employment status | ■ Em | ■ Employed | | | ■ Emp | ■ Employed | | |
| | information about additional employers. | Occupation | □ No | t employed | | | □ Not € | employe | ed | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Amaz | zon | | | Montla | ke Go | If Club | |
| | Occupation may include studen or homemaker, if it applies. | t Employer's address | ATTN: Payroll P.O. Box 80726 Seattle, WA 98108-0463 | | | 9104 B | Attn: Payroll Dept. 9104 Brow Lake Rd. Soddy Daisy, TN 37379 | | | |
| | | How long employed t | here? | 3 years | i | | | 5 years | 5 | |
| Par | t 2: Give Details About M | onthly Income | | | | | | | | |
| | mate monthly income as of the use unless you are separated. | date you file this form. If | you have | e nothing to re | eport for | any | line, write \$0 in the | space. | . Include your no | n-filing |
| | u or your non-filing spouse have e space, attach a separate sheet | | ombine th | he information | n for all e | emplo | oyers for that pers | on on th | ne lines below. If | you need |
| | | | | | | | For Debtor 1 | | Debtor 2 or -filing spouse | |
| 2. | List monthly gross wages, sa deductions). If not paid monthly | | | | 2. | \$ | 2,080.00 | \$ | 1,993.00 | |
| 3. | Estimate and list monthly over | ertime pay. | | | 3. | +\$ | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross Income. Add | line 2 + line 3. | | | 4. | \$ | 2,080.00 | \$ | 1,993.00 | |

| | tor 1 tor 2 | Austin Dale Byrd Mary Elizabeth Rose Byrd | _ | | Case | e number (<i>if ki</i> | nown) | | | | | |
|-----|-----------------------|---|-----------|------------|-----------|-------------------------|-------|-----|-----------|--------|---------------|--------------|
| | | | | | Fo | r Debtor 1 | | | For Debto | | | |
| | Cop | by line 4 here | 4. | | \$_ | 2,080 | 0.00 | - | \$ 1 | 1,993 | .00 | |
| 5. | List | all payroll deductions: | | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | à. | \$ | 78 | 8.00 | , | \$ | 154. | .00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | | 0.00 | ; | \$ | 0 | .00 | |
| | 5c. | Voluntary contributions for retirement plans | 50 |) . | \$_ | | 0.00 | ; | \$ | 0 | .00 | |
| | 5d. | Required repayments of retirement fund loans | 50 | | \$ | | 0.00 | ; | \$ | 0. | .00 | |
| | 5e. | Insurance | 5e | | \$_ | | 1.00 | ; | \$ | | .00 | |
| | 5f. | Domestic support obligations | 5f. | | \$_ | | 5.00 | ; | ∮ | | .00 | |
| | 5g. | Union dues | 50 | | \$_ | | 0.00 | | \$ | | .00 | |
| | 5h. | Other deductions. Specify: | _ | 1.+ | \$_ | | 0.00 | | | | .00 | |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 564 | 4.00 | , | \$ | 154 | .00 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 1,516 | 6.00 | , | \$1 | 1,839. | .00 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | a. | \$ | • | 0.00 | 9 | \$ | 0 | .00 | |
| | 8b. | Interest and dividends | 8b | | \$ | | 0.00 | | \$ | | .00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | | \$_ | | 0.00 | | \$ | | .00 | |
| | 8d. | Unemployment compensation | 80 | | \$_ | | 0.00 | | \$ | | .00 | |
| | 8e. 8f. | Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 86 8f. | | \$_ \$ | | 0.00 | | \$ | | .00 | |
| | 8g. | Pension or retirement income | 8g | J. | \$ | | 0.00 | , | \$ | | .00 | |
| | 8h. | Other monthly income. Specify: | _ | 1.+ | \$ | | 0.00 | + ; | \$ | 0 | .00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | | 0.00 | ; | \$ | | 0.00 | |
| 10. | | culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | | 1,516.00 | + \$ | | 1,839.00 |) = \$ | | 3,355.00 |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | | | - | | | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | | | | | | | 3,355.00 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | | | nbin nthly | ed income |
| | _ | Vac Evnlain: | | | | | | | | | | |

| Fill | in this informa | ition to identify yo | our case: | | | 1 | | | |
|------|----------------------------|---|---------------|---|--|-------------------------|----------------|---------------------------------------|---|
| | otor 1 | Austin Dale I | | | | Ch | neck i | if this is: | |
| | | Austili Dale i | byru | | | | Ar | n amended filing | |
| | otor 2 ouse, if filing) | Mary Elizabe | th Rose | Byrd | | | | | wing postpetition chapter the following date: |
| | | | FACTE | DAI DISTRICT OF TEAINE | 0000 | | | · | |
| Unit | ed States Bankr | ruptcy Court for the: | EASIE | RN DISTRICT OF TENNE | 55EE | | IVI | M / DD / YYYY | |
| | e number nown) | | | | | | | | |
| O | fficial Fo | rm 106J | | | | | | | |
| | | J: Your I | | | | | | | 12/1 |
| info | ormation. If m | and accurate as lore space is ned n). Answer ever | eded, atta | If two married people ar ch another sheet to this n. | e filing together, be form. On the top of | oth are ed f any add | quall ition | y responsible fo al pages, write y | or supplying correct your name and case |
| Par | t 1: Descr | ribe Your House | hold | | | | | | |
| 1. | Is this a joir | | | | | | | | |
| | □ No. Go to | o line 2. es Debtor 2 live i | n a canar | oto household? | | | | | |
| | ■ res. Doe | | n a separ | ate nousenoid? | | | | | |
| | | | t file Offici | al Form 106J-2, <i>Expense</i> s | for Separate House | ehold of D | ebtor | · 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | | |
| | Do not list D Debtor 2. | - | Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debto | | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | Daughter | | | 9 | □ No ■ Yes |
| | | | | | Son | | | 13 | □ No ■ Yes |
| | | | | | | | | | ■ Yes □ No |
| | | | | | | | | | Yes |
| | | | | | | | | | □ No □ Yes |
| 3. | | oenses include f people other th | nan | No | | | | | _ 100 |
| | • | d your depender | | Yes | | | | | |
| exp | imate your ex | | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | |
| • • | | s paid for with r | non-cash | government assistance i | f vou know | | | | |
| the | | h assistance and | | luded it on Schedule I: Y | | | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. In r lot. | nclude first mortgage | e 4. | \$ | | 0.00 |
| | If not includ | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 50.00 |
| | | rty, homeowner's | | | | 4b. | | | 150.00 |
| | | maintenance, re owner's associat | | ipkeep expenses dominium dues | | 4c. 4d. | - : - | | 0.00 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | | \$ | | 0.00 |

| Debtor : Debtor : | | Case num | ber (if known) | |
|----------------------|--|--------------|----------------|--------------------------|
| 6. Ut i | ilities: | | | |
| 6a | ······································ | 6a. | \$ | 160.00 |
| 6b | | 6b. | \$ | 80.00 |
| 6c | | 6c. | \$ | 300.00 |
| 6d | | 6d. | · - | 0.00 |
| . Fo | od and housekeeping supplies | | \$ | 800.00 |
| | ildcare and children's education costs | 8. | \$ | 0.00 |
|). Clo | othing, laundry, and dry cleaning | 9. | \$ | 250.00 |
| | rsonal care products and services | 10. | \$ | 100.00 |
| | edical and dental expenses | 11. | \$ | 100.00 |
| | ansportation. Include gas, maintenance, bus or train fare. | | • | |
| | not include car payments. | 12. | \$ | 300.00 |
| 3. En | tertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 4. Ch | aritable contributions and religious donations | 14. | \$ | 0.00 |
| - | surance. | | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | _ | |
| | a. Life insurance | 15a. | · · | 0.00 |
| | b. Health insurance | 15b. | · | 0.00 |
| 15 | c. Vehicle insurance | 15c. | · · | 106.00 |
| | d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| Sp | xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify: | 16. | \$ | 0.00 |
| | stallment or lease payments: | | | |
| | a. Car payments for Vehicle 1 | 17a. | · · | 0.00 |
| | b. Car payments for Vehicle 2 | 17b. | · · | 0.00 |
| | c. Other. Specify: | 17c. | · | 0.00 |
| | d. Other. Specify: | 17d. | \$ | 0.00 |
| | ur payments of alimony, maintenance, and support that you did not report | | \$ | 0.00 |
| | ducted from your pay on line 5, Schedule I, Your Income (Official Form 106 | il). 10. | \$ | |
| | her payments you make to support others who do not live with you. | 10 | Ф | 0.00 |
| | ecify: | 19. | our Incomo | |
| | a. Mortgages on other property | 20a. | | 0.00 |
| | b. Real estate taxes | 20b. | · · | 0.00 |
| | c. Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | d. Maintenance, repair, and upkeep expenses | 20d. | · · | 0.00 |
| | e. Homeowner's association or condominium dues | 20d. 20e. | · | 0.00 |
| _ | | | +\$ | |
| | her: Specify: Appliance Rental | | ΤΦ | 59.00 |
| | Iculate your monthly expenses | | | |
| | a. Add lines 4 through 21. | | \$ | 2,455.00 |
| 22 | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J- | 2 | \$ | |
| 22 | c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,455.00 |
| | Iculate your monthly net income. | | | |
| 23 | a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,355.00 |
| 23 | b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 2,455.00 |
| 23 | c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | 900.00 |
| For mo | you expect an increase or decrease in your expenses within the year after example, do you expect to finish paying for your car loan within the year or do you expect diffication to the terms of your mortgage? No. | | | or decrease because of a |
| 1.1 | Yes. Explain here: | | | |

| Fill in this infor | mation to identify your | case: | | | |
|---|---|---|-------------------------------|---|-------------|
| Debtor 1 | Austin Dale Byrd | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Mary Elizabeth R | ose Byrd | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F TENNESSEE | | |
| Debtor 2 Mary Elizabeth Rose Byrd First Name Middle Name Last Name | ☐ Chec | k if this is an | | | |
| | | | | | nded filing |
| You must file thi | is form whenever you fi y or property by fraud i | le bankruptcy schedules n connection with a bank | or amended schedules. Ma | ıking a false statement, concealiı | |
| Sig | n Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill out bank | cruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | Attach Bankruptcy Petition F Declaration, and Signature (| |
| | | that I have read the sum | mary and schedules filed w | ith this declaration and | |
| X /s/ Aus | stin Dale Byrd | | X /s/ Mary Elizal | beth Rose Byrd | |
| Austin | n Dale Byrd | | Mary Elizabet | h Rose Byrd | |
| Signatu | ire of Debtor 1 | | Signature of Deb | otor 2 | |
| Date _ | April 7, 2017 | | Date April 7 | , 2017 | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | r 7: | Liquidation |
|--------|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 1:17-bk-11616-SDR Doc 1 Filed 04/12/17 Entered 04/12/17 15:18:52 Desc Main Document Page 43 of 47

United States Bankruptcy Court Eastern District of Tennessee

| | Austin Dale Byrd | | | |
|-------|--------------------------|-----------|----------|----|
| In re | Mary Elizabeth Rose Byrd | | Case No. | |
| | | Debtor(s) | Chapter | 13 |

VERIFICATION OF CREDITOR MATRIX

The above Debtor(s) hereby verifies under the penalty of perjury under the laws of the United States of America that the attached list of creditors is true and correct to the best of his/her knowledge.

| Date: | April 7, 2017 | /s/ Austin Dale Byrd | |
|-------|---------------|----------------------------------|--|
| | | Austin Dale Byrd | |
| | | Signature of Debtor | |
| Date: | April 7, 2017 | /s/ Mary Elizabeth Rose Byrd | |
| | | Mary Elizabeth Rose Byrd | |
| | | Signature of Debtor | |
| Date: | April 7, 2017 | /s/ Eron H. Epstein | |
| | | Signature of Attorney | |
| | | Eron H. Epstein 007007 Tennessee | |
| | | Bankruptcy Affiliates | |
| | | 713 Cherry Street | |
| | | Chattanooga, TN 37402 | |
| | | 423-267-1512 Fax: 423-267-0809 | |

Advance America Attn: Bankruptcy Dept. 5425 Hwy 153 Hixson, TN 37343

Advance Financial 24/7 Attn: Bankruptcy Dept. 100 Oceanside Drive Nashville, TN 37204

Bridgecrest Credit Attn: Bankruptcy Department PO Box 7300 7300 E Hampton Ave Mesa, AZ 85209

Buddy's Home Furnishings 9332 Dayton Pike #100 Soddy Daisy, TN 37379

Capitalone
Attn: Bankruptcy Dept.
15000 Capital One Dr.
Henrico, VA 23238

ComenityCapital/GMStop Attn: Bankruptcy Dept. PO Box 182120 Columbus, OH 43218

Dept of Education/NELN Attn: Bankruptcy Dept. 121 S. 13th Street Lincoln, NE 68508-1904

Dish Network c/o Stellar Recovery, Inc. 4500 Salisbury Rd, Ste. 10 Jacksonville, FL 32216

Hamilton County Property Taxes Attn: Bankruptcy Department 625 Georgia Avenue Room 210 Chattanooga, TN 37402-1494

Medical Debt c/o Online Collections Attn: Bankruptcy Dept. P.O. Box 1489 Winterville, NC 28590 Soddy Daisy Smiles c/o Financial Recovery Organization Attn: Bankruptcy Dept. P.O. Box 2203 Cleveland, TN 37320

T-Mobile USA, Inc. c/o ERC Attn: Bankruptcy Department P.O. Box 1259, Dept. 98696 Oaks, PA 19456

University of Phoenix Attn: Bankruptcy Dept 4615 E. Elwood Street., Fl 3 Phoenix, AZ 85040-1958

US Dept of ED/GSL/ATL ATTN: Bankruptcy Dept. PO Box 530308 Atlanta, GA 30353-0308

Verizon Wireless Attn: Bankruptcy Administration 500 Technology Drive Saint Charles, MO 63304-2225

Verizon Wireless c/o Convergent Outsourcing ATTN: Bankruptcy Dept. PO Box 9004 Renton, WA 98057-9004 Case 1:17-bk-11616-SDR Doc 1 Filed 04/12/17 Entered 04/12/17 15:18:52 Desc Main Document Page 46 of 47

B2830 (Form 2830) (4/16)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TENNESSEE

| In re | Austin Dale By Mary Elizabeth | | | Case No. | |
|--|--|--|---|---|--------|
| • | | 7.000 2,10 | Debtor(s) | | |
| | | | BTOR'S CERTIFICATIONS F ORT OBLIGATIONS AND SE | | |
| Part I. | Certification Re | egarding Domestic Suppor | t Obligations (check no more t | than one) | |
| | Pursuant to 11 | U.S.C. Section 1328(a), I | certify that: | | |
| | ■ I owed no domestic support obligation when I filed my bankruptcy petition, and I have not been required to pay any such obligation since then. | | | | |
| | chapter 13 plan | | | I have paid all such amounts that me hat became due between the filing of | |
| Part II. | . If you checked | the second box, you must | provide the information below | | |
| | My current ad | ldress: | | | |
| | My current en | mployer and my employer's | s address: | | |
| Part III | I. Certification I | Regarding Section 522(q) | (check no more than one) | | |
| | Pursuant to 11 | U.S.C. Section 1328(h), I | certify that: | | |
| I have not claimed an exemption pursuant to \$522(b)(3) and state or local la dependent of mine uses as a residence, claims as homestead, or acquired as a buria \$522(p)(1), and (2) that exceeds \$160,375* in value in the aggregate. | | | | | or a |
| | ☐ I have claimed an exemption in property pursuant to \$522(b)(3) and state or local law (1) that I or a dependent of mine uses as a residence, claims as a homestead, or acquired as a burial plot, as specified in \$522(p)(1), and (2) that exceeds \$160,375* in value in the aggregate. | | | | |
| Part IV | . Debtor's Signo | ature | | | |
| | | under penalty of perjury the knowledge and belief. | hat the information provided in | these certifications is true and corr | ect to |
| | Executed on | April 7, 2017 | | tin Dale Byrd | |
| | | Date | Austin | Dale Byrd | |
| | | | | Debtor 1 | |

Case 1:17-bk-11616-SDR Doc 1 Filed 04/12/17 Entered 04/12/17 15:18:52 Desc Main Document Page 47 of 47

B2830 (Form 2830) (4/16)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TENNESSEE

| In re | Austin Dale By Mary Elizabeth | | Case No. |
|---------|----------------------------------|---|---|
| | | , | Debtor(s) |
| | | | EBTOR'S CERTIFICATIONS REGARDING ORT OBLIGATIONS AND SECTION 522(q) |
| Part I. | Certification Re | egarding Domestic Suppo | ort Obligations (check no more than one) |
| | Pursuant to 11 | U.S.C. Section 1328(a), | I certify that: |
| | | no domestic support obligobligation since then. | ation when I filed my bankruptcy petition, and I have not been required to |
| | chapter 13 pla | | a domestic support obligation. I have paid all such amounts that my ave also paid all such amounts that became due between the filing of my |
| Part II | . If you checked | the second box, you must | t provide the information below. |
| | My current ac | ddress: | |
| | My current er | mployer and my employe | r's address: |
| Part II | I. Certification | Regarding Section 522(q) | (check no more than one) |
| | Pursuant to 11 | U.S.C. Section 1328(h), | I certify that: |
| | dependent of r | mine uses as a residence, | pursuant to §522(b)(3) and state or local law (1) in property that I or a claims as homestead, or acquired as a burial plot, as specified in 75* in value in the aggregate. |
| | dependent of r | mine uses as a residence, | roperty pursuant to §522(b)(3) and state or local law (1) that I or a claims as a homestead, or acquired as a burial plot, as specified in 75* in value in the aggregate. |
| Part IV | 7. Debtor's Sign | ature | |
| | • | under penalty of perjury knowledge and belief. | that the information provided in these certifications is true and correct to |
| | Executed on | April 7, 2017 | /s/ Mary Elizabeth Rose Byrd |
| | | Date | Mary Elizabeth Rose Byrd |
| | | | Debtor 2 |